DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name:

I believe I am the original, first and sole inventor (if only one name is listed below) or
an original, first and joint inventor (if plural names are listed below) of the subject matter
which is claimed and for which a patent is sought on the invention entitled:

"PROCESS FOR MANUFACTURING ELASTICALLY STRETCHABLE AND CONTRACTIBLE COMPOSITE SHEET"

the sp	ecification of which:			
	[X] is attached heret	o.		
	[] was filed on		as	
	Application Serial	. No.		
	and was amended on	1		
		(if application	able)	
applic Toreig	ication, including the of I acknowledge the duty sation in accordance with I hereby claim foreign ; m application(s) for pat	claims, as amended to disclose inform Title 37, Code of priority benefits tent or inventor's application for pa	nderstand the contents of the by any amendment referred to attion which is material to perfect the state of t	o above. patentability of this pass code, §119, of any pass have also
ार्ट्रेस			correct is craimed:	
	PRIOR FOREIGN APPLICA	TION (S)		Priority Claimed
	2000-262656	Japan	31/08/2000	[X] []
a	(Number)	(Country)	(Day/Month/Year Filed)	Yes No
pplic he fi he fi heorm 1456, ntern	ation(s) listed below an ation is not disclosed i rst paragraph of Title 3 ation material to patent which occurred between ational filing date of t	d, insofar as the n the prior United 5, United States (ability as defined the filing date of this application.	, United States Code, \$120, subject matter of each of the States application in the mode, \$112, I acknowledge the in Title 37, Code of Federa of the prior application and	ne claims of this manner provided by me duty to disclose al Regulations,
(App	lication Serial No.)	(Filing Date	(Status) (patented,	pending, abandoned)
tatem	I hereby declare that a ents made on information	ll statements made and belief are be	herein of my own knowledge alieved to be true and furthe	are true and that all or that these

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under \$1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

As a named inventor, I hereby appoint John F. Hoffman, Regis. No. 26,280; Anthony Niewyk, Regis. No. 24,871; Kevin R. Erdman, Regis. No. 33,687; Michael D. Smith, Regis. No. 40,181; Michael S. Gzybowski, Regis. No. 32,816; Michael D. Schwartz, Regis, No. 44,326; Scott M. Lohnes, Regis. No. 45,451; Steven M. Hanley, Regis. No. P-46,756; Adam F. Cox, Regis. No. P-46,644; Arthur R. Whale, Regis. No. 18,778; Edward J. Prein, Regis. No. 37,212; Michael D. Beck, Regis. No. 32,722; Deborah R. Beck, Regis. No. 37,370; Jeffrey A. Michael, Regis. No. 37,394; Eric J. Groen, Regis. No. 32,230; Gerard T. Gallagher, Regis. No. 39,679; and Robert D. Null, Regis. No. 40,746; of BAKER & DANIELS, as attorney(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

DIRECT TELEPHONE CALLS TO: Michael S. Gzybowski Michael S. Gzybowski BAKER & DANIELS Telephone: 219-424-8000 111 East Wayne Street, Suite 800 Fort Wayne, IN 46802 Facsimile: 219-460-1700 Full name of sole or first inventor: SATORU TANGE Residence: Kagawa-ken, Japan Citizenship Japan c/o Technical Center, Uni-Charm Corporation, 1531-7 Takasuka, Post Office Address Wadahama, Toyohama-cho, Mitoyo-gun, Kagawa-ken, Japan Inventor's Signature ____ Full name of second joint inventor: Citizenship _____ Residence ___ Post Office Address ____ Inventor's Signature ______ Date _____ ٠D Full name of third joint inventor: Citizenship _____ Residence ___ Post Office Address _____ Inventor's Signature _____ Date _____ <u>...</u> Full name of fourth joint inventor:___ Citizenship _____ Residence ___ Post Office Address _____ Inventor's Signature ______ Date _____

SEND CORRESPONDENCE TO: